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STATEMENT OF 15 FEB 11 AM 10: 43 **FEC ORGANIZATION** FORM 1 Office Use Only 1. NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. committee to Elect Darryl Glenn Box 62667 ADDRESS (number and street) (Check if address 80962 is changed) olorado Springs CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) info@electdarrylglenn.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) ıwww.electdarrylglenn.com (Check if address is changed) 01" 21" DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. James Simmons Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, enoneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)